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UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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## \*BIBDATASHEET\*

CONFIRMATION NO. 8454

Bib Data Sheet

SERIAL NUMBER 09/764,725	FILING DATE 01/17/2001  RULE	CLASS 717	GROUP ART UNIT 2122	ATTORNEY DOCKET NO. 42390P6532C
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## APPLICANTS

Richard L. Maliszewski, Forest Grove, OR;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/217,498 12/21/1998 ABN

OK EBK

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

N/A EBK

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials <u>EBK</u>	OR	7	14	4

## ADDRESS

08791  
BLAKELY SOKOLOFF TAYLOR & ZAFMAN  
12400 WILSHIRE BOULEVARD, SEVENTH FLOOR  
LOS ANGELES, CA  
90025

## TITLE

Method and apparatus to test an instruction sequence

FILING FEE  RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 8454

<b>SERIAL NUMBER</b> 09/764,725	<b>FILING DATE</b> 01/17/2001 <b>RULE</b>	<b>CLASS</b> 712	<b>GROUP ART UNIT</b> 2154	<b>ATTORNEY DOCKET NO.</b> 42390P6532C
<b>APPLICANTS</b> Richard L. Maliszewski, Forest Grove, OR;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 09/217,498 12/21/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/15/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 14  <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 08791				
<b>TITLE</b> Method and apparatus to test an instruction sequence				
<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	